DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, N.W.
Washington, DC 20307-5001

WRAMC Regulation
No. 40-25

2 May 2002

Medical Services

GOVERNING BODY AND MEDICAL STAFF BYLAWS

1. History

This is a revision of the publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

2. Applicability

This regulation is applicable as a policy statement, both to serve and inform the staff of this hospital and to serve as a reference for the JCAHO. The policies and procedures established in this regulation apply to all health care practitioners assigned, attached, or who request clinical privileges at WRAMC to include active duty, reserve, National Guard and civilians.

3. Purpose

This regulation identifies the mechanism by which this hospital complies with the requirements of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) concerning governing body and medical staff bylaws. This regulation also establishes policies, responsibilities, and procedures at Walter Reed Army Medical Center (WRAMC) for determining and documenting clinical privileges for all health care practitioners who are given the authority and responsibility for making independent decisions to diagnose, initiate, alter, or terminate a regimen of medical or dental care.

4. References

All publications will be made available to practitioners at the time of initial application for medical staff privileges. In addition, the publications are available for review at anytime in the Office of the Director, Performance Improvement.

a. AR 40-48, Non-physician Health Care Providers

b. AR 40-66, Medical Records Administration

c. AR 40-68, Quality Assurance Administration

d. AR 40-202, Assignment and Utilization of Personnel

e. AR 600-20, Army Command Policy and Procedures

f. AR 600-50, Standards of Conduct

g. AR 601-132, Army Medical Department Officer Procurement

h. AR 635-100, Officer Personnel

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*This regulation supersedes WRAMC Reg 40-25, dated 1 October 1998 and WRAMC Pam 40-9 dated 21 November 1994.

h. AR 635-100, Officer Personnel

i. WRAMC Reg 40-68, Performance Improvement/Risk Management Plan

j. WRAMC Reg 40-92, Patient Care Committees, Boards, and Councils

k. DoD Directive 6020-2 Basic Life Support (BLS) Training

l. DoD Directive 6025.2, Non-physician Health Care Providers

m. DoD Directive 6025.4, Credentialing of Health Care Providers

n. DoD Directive 6025.6, Licensure of DoD Health Care Providers

o. DoD Directive 6025.7, Off Duty Employment by DoD Health Care Providers

p. DoD Directive 6025.11, DoD Health Care Provider Credentials Review and Clinical Privileging

q. DoD Directive 6025.13, DoD Medical Quality Assurance

r. DoD Directive 6040.37, Confidentiality of Medical Quality Assurance (QA) Reports

s. Joint Commission on the Accreditation of Healthcare Organizations Manuals

t. Memorandum, Subject: Clinical Privileges for Physicians Not Assigned to WRAMC

u. Memorandum, Subject: DA Approval of Red Cross Volunteers

v. Memorandum, Subject: Off-duty Employment

w. Memorandum, Subject: Policy Guidelines for Medical Staff Appointment and Privileging

x. Memorandum, Subject: Agreement for Inter-facility Credentials Transfer and Privileging of D0D Health Care Providers

5. Definitions/Terms

a. Abeyance: The temporary assignment of a practitioner to non-clinical duties while and internal or external peer review is conducted.

b. Admitting Privileges: Only members of the Medical Staff may be granted the privileges to admit to inpatient services in accordance with state law and criteria for standards of medical care established by the Department of Defense.

c. Augmentation: Addition of clinical privileges not previously held by the practitioner based on additional training, correction of previously demonstrated deficiencies, or other objective evidence of increased expertise.

d. Certification: Recognition that a health care practitioner is specifically qualified, based on pre-determined standards, to provide care in a particular area of practice.

e. Clinical Privileges: Authorization recommended by the Credentials Committee and approved by the Medical Treatment Facility (MTF) Commander, to provide medical or other patient care services in the granting institution within well-defined limits, based on an individual's professional license, education, training, experience, competence, ability and judgement.

f. Consultant: A health care practitioner who provides professional advice or services upon request.

g. Inter-facility Credentials Transfer Brief (ICTB): The ICTB document is a snapshot of privileging information from the official Practitioner Credentials File. It is used for providers who are practicing at a location on a temporary, part-time or temporary additional duty status.

h. Licensed Independent Practitioner: Any individual who is permitted by law and who is also permitted by the hospital Commander, to provide patient care services without direction or supervision, within the scope of their license and in accordance with individually granted clinical privileges. Clinical privileges are based on criteria established by the hospital.

i. Peer: A person of similar training and experience within the same profession as the person to whom comparative reference is being made.

j. Peer Review: Formal assessment by a like professional of the quality of services performed.

k. Qualified Physician: A Doctor of Medicine or Doctor of Osteopathy who, by virtue of education, training, demonstrated competence and clinical privileges granted by the hospital Commander, is permitted to perform a specific diagnostic or therapeutic procedure.

l. Qualified Oral Maxillofacial Surgeon: An individual who has successfully completed a post graduate program in oral maxillofacial surgery accredited by a nationally recognized accrediting body, and approved by the United States Office of Education. As determined by the medical staff, the individual is currently competent to perform a complete history and physical examination to determine the ability of each of his or her patients to undergo the oral maxillofacial surgical procedure the oral maxillofacial surgeon proposes to perform.

m. Temporary Privileges: Temporary privileges authorized a provider to independently provide medical, dental, and other patient care services on a time-limited basis to meet pressing patient care needs when time constraints will not allow a full credentials review. Temporary privileges will not exceed 30 days.

n. Forms Used in the Privileging Process:

(1) DA Form 4691-R – Initial Application for Clinical Privileges

(2) DA Form 5374-R – Performance Assessment

(3) DA Form 5440 Series – Delineation of Clinical Privileges (Specialty)

(4) DA Form 5441 Series – Evaluation for Clinical Privileges (Specialty)

(5) DA Form 5754-R – Malpractice and Privileges Questionnaire

(6) Statement of Affirmation/Release of Information

(7) National Practitioner Data Bank Questionnaire

(8) Peer Recommendations/Letters of Recommendation

o. Abbreviations:

(1) ACLS – Advanced Cardiac Life Support

(2) AR – Army Regulation

(3) ARNG – Army National Guard

(4) ATLS – Advanced Trauma Life Support

(5) BLS – Basic Life Support

(6) DA – Department of the Army

(7) DoD – Department of Defense

(8) IMA – Individual Mobilization Augmentee

(9) JCAHO – Joint Commission on the Accreditation of Healthcare Organizations

(10) MEDCOM – Medical Command

(11) MTF – Military Treatment Facility

(12) NPDB – National Practitioner Data Bank

(13) PAF – Provider Activity File

(14) PACLS – Pediatric Cardiac Life Support

(15) PCF – Practitioner Credentials File

(16) QA – Quality Assurance

(17) RMC – Regional Medical Command

(18) TDY – Temporary Duty

(19) USAR – United States Army Reserve

(20) WRAMC – Walter Reed Army Medical Center

6. Responsibilities.

a. The Surgeon General/Commander of the United States Army Medical Command is the senior medical officer in the Department of the Army.

The Surgeon General is selected by a board of senior officers appointed by the Secretary of the Army, nominated to his position by the President of the United States of America and confirmed by the United States Senate in accordance with provisions of Title 10, United States Code. The Office of the Surgeon General/Medical Command performs the governing body functions for all Army Medical Department hospitals worldwide. In the Office of the Surgeon General/Medical Command, medical, nursing, administrative and allied science specialty consultants, selected by the Surgeon General, serve as the designated interdisciplinary representatives to the governing body. These representatives participate with other members of the Medical Command in the development of Army regulations and other policy statements governing the provisions of all types of health care. The extensive staffing process used in the development of Army regulations provides many opportunities for all clinical and administrative disciplines to have input into the development process.

b. The hospital Commander is the individual designated to represent the Medical Command Governing Body at the local level. Hospital commanders are selected by the Department of the Army Command Selection Boards and are assigned to hospitals based on the needs of the Army, their individual experience level and their assignment preference. The Commander's assignment orders and assumption of command documents provide written evidence of the legitimacy of his/her position. The authority of the Commander is governed by AR 600-20. As the representative of the governing body, the hospital Commander appoints staff members to positions deemed necessary to affect the discharge of the governing body's responsibilities. The Commander also appoints staff members to committees required by Army regulations and other committees deemed necessary to conduct the business of the hospital and properly discharge the governing body's responsibilities. The committee structure of the hospital is defined in WRAMC Reg 40-92. The Commander has the ultimate decision making authority and responsibility for the granting of clinical privileges.

c. There is a hospital Governing Body, whose members include the Hospital Commander (Chairperson and Chief Executive Officer); Deputy Commander for Clinical Services (Chief of the Medical Staff); Deputy Commander for Administration (Chief Operating Officer), Deputy Commander for Nursing (Nurse Executive), Director, Medical Administration and Operations; Chief, Department of Medicine; Chief, Department of Surgery; Brigade Commander, and the Hospital Sergeant Major. Permanent consultants on the Governing Body include the Director, Performance Improvement/Risk Management, Director, Resource Management, Director, Outcomes Management, Director, Health Plans Management, Director, Information Management and Director, Patient Administration. This is the formal means of effecting the integration of the medical and administrative functions between the governing body, administration, medical staff and the nurse executive. The governing body provides the framework for planning, directing, coordinating, providing and improving health care services that are responsive to community and patient needs and that improve patient health care outcomes.

d. The Deputy Commander for Clinical Services (DCCS) will:

(1) Serve as the Chairperson, Credentials Committee

(2) Enforce DoD Directives, Army Regulations, and local guidance regarding the privileging process

(3) Summarily suspend or restrict privileges, direct the initiation of investigations, and convene the committee when informed of unprofessional conduct, substandard medical practice or care, and professional incompetence.

(5) Receive and review any adverse information of malpractice data on practitioners and inform the MTF Commander and appropriate department/service chiefs.

(4) Forward to the MTF Commander, the recommendations for privileges from the Credentials Committee.

e. The Executive Committee of the Medical and Administrative Staff will:

(1) Be chaired by the Deputy Commander for Clinical Services and will be composed of all of the clinical and administrative department chiefs and directors to include the Departments of Nursing and Pastoral Care. The Deputy Commander for Administration will also be a member of this committee as well as the Director, Resource Management, Director, Patient Administration, Director, Medical Administration and Operations, Director, Performance Improvement/Risk Management, and the Director, Information Management.

(2) Meet monthly to discuss the clinical care issues of the hospital as well as the medical staff functions, graduate medical education, performance improvement and risk management.

(3) Monitor and assess the performance of the administrative, resource management and utilization management functions of the hospital.

f. The Credentials Committee will:

(1) Meet monthly or at the call of the chairperson to review credentials and make recommendations concerning the granting, limiting or the removal of privileges based upon education, specific training, experience and current competence, taking into account the limitations of the medical treatment facility support staff, equipment capability and mission. They will also provide input for the administrative management of the credentials program.

(2) Evaluate the quality and standard of care provided by any health care practitioner as requested by the medical treatment facility Commander.

(3) Receive, review and act upon reports from the Impaired Healthcare provider Program Committee.

(4) Operate by an agenda distributed by the Credentials office to the committee members for review.

(5) Vote by secret ballot. In accordance with AR 40-68, no abstentions will be permitted when voting. The secret ballot, along with previous months minutes will be collected by the Credentials Office after each meeting.

(6) Review the practitioner’s credentials request that has been recommended by the chief of their respective department/service. No PCF will be reviewed if there is no representation by the appropriate department/service. Peer recommendations will be obtained in addition to the department and service chief's recommendations.

g. The Credentials Office will:

(1) Manage credentials requirements within all applicable directives.

(2) Coordinate credentials requirements with all applicable departments and services.

(3) Serve as custodial entity for all practitioner credentials files and records with responsibility for maintaining the security, integrity, and confidentiality of all files, records and data entries.

(4) Serve as the command expert regarding the national, state and local licensure requirements of health care practitioners to include military and JCAHO standards for licensure, privileging, and appeals procedures.

(5) Manage a database to create licensure and BLS reports for each service on a monthly basis.

(6) Authenticate documents not verified in the PCF in accordance with JCAHO standards and AR 40-68.

(7) Forward initial and biennial application for privileges and staff appointment to the credentials chairperson.

(8) Provide a copy of the approved delineation of clinical privileges to each practitioner reviewed at the Credentials Committee. Inform each practitioner to acknowledge receipt by endorsement which is then returned to the Credentials Office within 5 days of receipt.

(9) Notify practitioners of deficiencies in their PCF or PAF and assist the practitioner with correction of those deficiencies.

(10) Send out requests for evaluations, reappointments and renewals.

(11) Forward Inter-facility Credentials Transfer Briefs for providers performing TDY.

(12) Forward all PCFs in accordance with provisions of AR 40-68 when notified of the practitioner's permanent change of duty status.

(13) Inactivate credentials when a practitioner separates or retires, upon notification of the practitioner's separation or retirement.

(14) Verify information requested by various outside sources on all current and previous health care practitioners at this MTF, ensuring that proper disclosure procedures are followed.

(15) Maintain abbreviated credentials for the national Naval Medical Center and Malcolm Grow Medical Center practitioners in accordance with the agreement between the Tri-Service Medical Centers.

(16) Ensure that all PCFs are maintained in the Credentials Office in locked files. These files are accessible only to the practitioner, those in his/her direct chain of command, the DCCS and the Commander.

(17) Ensure that all United States Army Reserve and Army National Guard PCFs are managed in accordance with instructions outlined in AR 40-68.

(18) Ensure that impaired health care practitioners' PCFs are managed in accordance with instructions outlined in AR 40-68.

(19) Ensure that individual mobilization augmentees are managed in accordance with instructions in AR 40-68.

(20) Ensure that individually privileged health care practitioners required to maintain current Basic Life Support, Advanced Cardiac Life Support or Advanced Trauma Life Support status are notified to provide the Credentials Office with a copy of the current card showing date of certification.

(21) Ensure that all individually privileged health care practitioners required to maintain a current, valid and unrestricted license are notified to provide the Credentials Office with a copy of their current license(s) showing the expiration date.

(22) Ensure that individually privileged health care practitioners involved in direct patient care are notified to provide the Credentials Office with information required so a query may be made to the National Practitioner Data Bank.

h. The Department Chiefs will:

(1) Ensure notification to the Credentials Office of all health care practitioners reporting for duty within their department (military and civilian). They will also notify the Credentials Office of all health care practitioners who are leaving the command or who have been reassigned to another department.

(2) Be responsible for the review of initial application for clinical privileges of all health care practitioners within their department.

(3) Ensure the Credentials Office is notified of all health care practitioners providing hands on patient care. This will be accomplished as personnel arrive and depart. This includes consultants and fellows with individual clinical privileges.

(4) Ensure all health care practitioners requiring licensing under the provisions of AR 40-68 and DoD Directive 6025.5 are licensed, with a copy of the current license (showing the expiration date) provided to the Credentials Office.

(5) Ensure all health care practitioners who are required to possess current BLS or ACLS certification, under the provisions of AR 40-68 and DoD Directive 6020.3, provide a copy to the Credentials Office.

(6) Ensure evaluations are completed on all health care practitioners upon reappointment. This will include USAR and ARNG practitioners performing active duty training.

i. The Service Chiefs will:

(1) Ensure that practitioners required to be privileged do not provide any patient care until properly privileged in accordance with AR 40-68.

(2) Ensure that health care practitioners meet suspense for privileging actions.

(3) Ensure that reappointment profile data identifying competency, to include peer review is collected, reviewed and forwarded to the credentialing body as required to meet privileging actions.

(4) Ensure practitioners who are in initial status are assigned staff supervisors, and that performance assessments and evaluations are conducted and completed in accordance with AR 40-68, as required.

(5) Appoint an administrative and physician point of contact to work with the staff of the Credentials Office.

(6) Ensure that point of contact reviews files of practitioners assigned to the service and prepares a monthly status report to monitor and identify deficiencies in practitioner credentials files.

j. The Health Care Practitioner will:

(1) Not provide any patient care until properly privileged in accordance with AR 40-68 and local directives.

(2) Apply/reapply for clinical privileges in accordance with AR 40-68 and local directives.

(3) Abide by DoD directives, Army regulations, local guidance, and the rules and regulations of the hospital and department to which assigned.

7. Policies. Federal laws, Department of Defense regulations, directives and instructions, Department of the Army regulations, directives and policies, and the United States Army Medical Command regulations and policies serve as the adopted bylaws of the Governing Body. These published documents fulfill all requirements of the governing body standards. This document, WRAMC Reg 40-25, is produced to address the requirements for a local set of bylaws.

8. Procedures.

a. As a Federal institution, Walter Reed Army Medical Center is required to comply with all applicable regulations and guidelines as published by the Assistant Secretary of Defense for Health Affairs, Headquarters, Department of the Army and the Office of the Surgeon General/MEDCOM.

b. Amendment of these bylaws is accomplished in accordance with standard Army procedures. Users may suggest changes by submitting a DA Form 2028, Recommended Changes to Publications and Blank Forms. These suggestions are submitted to the appropriate office of the proponency for that particular regulation, directive, or policy for approval or disapproval.

c. The Governing Body will assess its own performance each year. This evaluation will be through a comprehensive review by an ad-hoc sub-committee. At the conclusion of the review, the findings will be presented to the full Governing Body for review. At a minimum, the evaluation will contain an assessment of the following areas:

(1) Mission Statement.

(2) Current Bylaws.

(3) The role of members.

(4) Committee structure.

(5) Member participation and attendance.

(6) Determination of whether or not the hospital met its mission.

The result of this annual review will be maintained as a permanent record in the Governing Body minutes and be available for review.

d. The clinical privileging procedures and medical staff appointments are as discussed below. The different categories of clinical privileges and medical staff appointment are as follows:

(1) Regular privileges grant the provider permission to independently provide medical, dental, and other patient care services in the facility within defined limits. Regular privileges are granted to providers only after full verification and review of credentials and will not exceed a 24-month period without renewal.

(2) Temporary privileges authorize a provider to independently provide medical, dental, and other patient care services on a time limited basis to meet pressing patient care needs. Temporary privileges will not exceed a period of 30 days and are not renewable.

(3) Supervised privileges are granted to providers who do not meet the requirements for independent practice because they lack the necessary license, certification, or other authorizing documents. Providers working under supervised privileges can practice only under a written plan of supervision with a licensed person of the same or similar discipline. Supervised privileges will be granted for periods not to exceed 24 months.

(4) Initial medical staff appointment is granted to a provider when he/she is first assigned or employed in a DoD MTF, or, if the provider has not held a medical staff appointment in a DoD MTF during the previous 180 days. The initial appointment will not exceed a 12 month period.

(5) An active appointment is granted to a provider exercising regular privileges and meeting all qualifications for membership on the medical staff, according to the needs of the Government, after successfully completing the initial appointment period. A provider who has completed an initial period at another MTF, and had not had a lapse greater than 180 days, may be granted an active appointment upon arrival at the new duty station. Active appointments will not exceed a 24 month period without renewal.

(6) An affiliate appointment is granted to a provider exercising regular privileges and meeting all qualifications for membership on the medical staff, according to the needs of the Government, after successfully completing the initial appointment period. A provider with an affiliate appointment, due to conditions of employment, is neither assigned organizational responsibilities of the medical staff nor expected to be a full participant in activities of the medical staff. Affiliate appointment will not exceed a 24 month period without renewal.

(7) A temporary appointment is granted in emergency situations when time constraints will not allow full credentials review, and when there are pressing patient care needs requiring the admitting of patients. A temporary appointment will be time limited and will not exceed 30 days.

(8) Providers without a license or other authorizing documents, or who have not been granted clinical privileges, will not be appointed to the medical staff. These providers do not share medical staff responsibility to the Governing Body for medical staff surveillance, review, and performance improvement activities within the MTF.

e. Delineation of clinical privileges shall uniformly utilize DA Form 4691-R, as applicable, DA Form 5440 series and local forms as required by the commander. Application by civilian practitioners shall be governed by the same procedures as those provided for military practitioners assigned to the Walter Reed Army Medical Center.

f. Application for clinical privileges will be accomplished using the following guidelines:

(1) Upon arrival at the MTF, the practitioner will in-process through the Credentials Office. If the practitioner is coming from another MTF, he/she will provide a copy of orders assigning him/her to this MTF and a copy of his/her current license and BLS/ACLS/ATLS/PACLS certification showing the expiration date. The practitioner will fill out a DA Form 5440 series (Delineation of Clinical Privileges) for his/her specialty, NPDB Request for Information, and Statement of Affirmation/Release of Information. This agreement shall include the acceptance of all professional obligations therein reflected as well as accepting clinical privileges. Documentation requirements are listed at Appendix A.

(2) The packet, when completed by the practitioner in the Credentials Office will be forwarded through the appropriate department to the service where he/she will be assigned.

(3) The service chief will review the request for privileges, sign DA Form 5440A-R and forward the packet with his/her recommendations to the department chief.
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(4) The department chief will review the packet requesting privileges, sign DA Form 5440A-R and forward the packet to the Credentials Office with his/her recommendations for approval or disapproval of the request for privileges.

(5) After privileges are granted, the Credentials Office will forward the following information to the health care practitioner through the service point of contact:

(a) A copy of the approved DA Form 5440 series.

(b) Notification in writing that privileges have been granted. This is to be endorsed and returned to the Credentials Office within 5 days of receipt.

(c) If required, written notification will be forwarded to the practitioner, through the service point of contact, indicating which documents are still missing from the PCF and reminding the practitioner that his/her PCF must be complete prior to the granting of privileges.

g. The reappointment process of clinical privileges will be done as follows:

(1) Prior to the satisfactory completion of the practitioner's current period of privileges, the Credentials Office will inform the practitioner and the department and service chief that his/her privileges will be evaluated and reviewed for granting of reappointment of clinical privileges. At the same time, the practitioner will be made aware of any additional documentation needed in his/her PCF to complete this scheduled review. Notification will be made not later than 90 days prior to expiration of privileges.

(2) The service chief will complete the following forms and forward to the department chief, with their recommendations:

(a) DA Form 5440 series – Delineation of Clinical Privileges.

(b) DA Form 5440A-R – Delineation of Privileges Record.

(c) DA Form 5441-R – Evaluation of Privileges.

(d) DA Form 5374-R – Performance Assessment – to be completed and signed by the service chief.

(3) The service and department chief will sign DA Form 5440A-R. The completed packet will then be forwarded to the Credentials Office within the suspense date prior to the Credentials Committee meeting in which the practitioner is to be evaluated.

(4) After review by the Credentials Committee, the recommendation for privileging action, along with the packet, will be forwarded to the Commander for approval/disapproval.

(5) If reappointment of clinical privileges is granted, the Credentials Office will forward the following information to the health care practitioner:

(a) A copy of the approved DA Form 5449 series, DA Form 5441 series, DA Form 5449A-R, and DA Form 5374-R.

(b) Notification in writing that reappointment of clinical privileges have been granted, to be endorsed by the practitioner and returned to the Credentials Office within 5 days of receipt.

(6) If there is variance between the requested and approved privileges, the Credentials Office will also notify the practitioner of his/her status and rights in accordance with AR 40-68.

h. Privileges for health care practitioners in on-clinical positions, or not assigned to WRAMC will be handled using the following guidelines:

(1) Privileges will be granted to practitioners in assigned positions at Walter Reed Army Institute of Research, Armed Forces Institute of Pathology, Jackson Foundation, and other institutions, in accordance with provisions of AR 40-68 and this regulation, for health care practitioners to maintain clinical competency while assigned in non-clinical positions.

(2) The practitioner will submit a statement through his/her supervisor regarding “how” and “to what extent” he or she intends to exercise the requested clinical privileges. The appropriate service or department chief will endorse his or her concurrence with the applicant’s stated intentions.

(3) The Credentials Committee will recommend approval to the Commander.

(4) The Commander will approve/disapprove the recommendations of the Credentials Committee.

(5) The Credentials Office will notify the practitioner of the status of his/her request for clinical privileges in writing. Upon notification, the practitioner will acknowledge receipt within 5 days.

(6) Upon completion of the initial period, the department and service chief will assess performance and evaluate the clinical privileges DA Form 5374-R and 5441 series; in accordance with AR 40-68 and local guidance.

If the practitioner has been unable or does not perform sufficient duties in the clinical setting to afford the department/service chief opportunity to adequately evaluate clinical performance, recommendation will be made by the Credentials Committee to the Commander that the practitioner's privileges be permitted to lapse and the file placed in an inactive status.

(7) The practitioner will also be notified that he or she may reapply for clinical privileges at anytime by making application in accordance with prescribed directives of AR 40-68 and this regulation.

(8) If the practitioner has performed sufficient duties in the clinical setting, the Credentials Committee will make recommendation to the Commander as to whether regular privileges should be granted.

i. Request for augmentation of clinical privileges will be handled using the following guidelines:

(1) A request for augmentation of clinical privileges must be in writing by the practitioner and endorsed by the appropriate service department chief. Training and/or experience documentation must accompany the request and be verified.

(2) The request will be reviewed by the Chairperson, Credentials Committee, who will make recommendation for approval or disapproval to the Credentials Committee's members. The committee will then make final recommendation to the Commander.

(3) If approved by the Commander, augmentation of clinical privileges will be awarded to the practitioner. The practitioner will then be notified in writing of the awarding of additional privileges. The practitioner must acknowledge receipt to the Credentials Office within 5 days.

(4) Requests for augmentation of clinical privileges to perform: "New Technology" procedures will be assessed on a case-by-case basis. Review of the current literature, as survey used in the local community, and relevant information obtained from the manufacturer to include attendance at the manufacturer sponsored training by the individual departments/services. This criteria will be forwarded for review by the Credentials Committee and approval/disapproval by the Commander. See appendix B.

j. Non-Physician Health Care Practitioners will use the following guidelines:

(1) All non-physician health care practitioners who are individually privileged and who are given the authority and responsibility for making independent decisions which initiate or alter a regimen of medical care must have a letter in their PCF designating a staff physician who is assigned as their supervisor/preceptor in accordance with AR 40-48 and DoD Directive 6025.2.

(2) All supervisors of non-physician health care practitioners will ensure that each practitioner's PCF contains a drug list from which he/she may prescribe. This drug list must be reviewed and approved by the Pharmacy and Therapeutic Committee.

k. Privileging for new medical procedures and technology will be handled using the following guidelines:

(1) New Procedures. Prior to the introduction of a substantially new innovative procedure, the Commander will ensure that criteria are developed at the department level and approved by the Credentials Committee.

The criteria will include the specific preparatory training practitioners must complete for these new procedures and will be accomplished prior to the introduction.

(2) New Technology. The Commander will ensure that technology (i.e. lasers and Magnetic Resonance Imaging (MRI) devices) do not surpass the staff's abilities. The Commander will establish safety protocols for an instrument's use and provide proper privileging procedures. Adverse outcomes involving equipment malfunction will be reported immediately to the Risk Manager.

(3) A copy of the format which is to be used for requesting privileging in these areas is provided in appendix A.

l. Suspension, restriction or revocation of clinical privileges or the total or partial withdrawal of clinical privileges, and actions to limit, suspend or revoke clinical privileges will be managed in accordance with the provisions of AR 40-68.

m. CPR Certification. HQ MEDCOM letter dated 13 March 2001 states, as of 1 October 1999, all health care providers must have current BLS training and certification. Current Advance Cardiac Life Support or other advanced certification does not supersede BLS completion.

n. American Red Cross Volunteers: IAW DA message 041145Z (Feb 91) MTF/DTF Commanders may except the services of Red Cross volunteers to augment government personnel in the delivery of health care and in providing authorized health care and health care related services, including physicians, dentists, nurses (both practical and registered), pharmacists, therapists, podiatrists and orderlies will:

(1) Be subject to the control as those that apply to compensated personnel providing comparable services.

(2) Provide only those services that are within the scope of their authorized duties.

(3) Be licensed or privileged IAW AR 40-68.

(4) Comply with applicable standards of conduct.

(5) Receive no compensation from any source, including the Red Cross or any agency of the United States for services provided.

(6) Not perform and policy making functions.

o. Off Duty Employment: From the Center Judge Advocate: "All off-duty employment of any kind for physicians must be approved in advance, in writing by the hospital Commander. The fact that the employment does not involve seeing of patients does not alter the requirement." Application for all off-duty employment may be obtained from the Credentials Office.

p. Supervising Physicians.

(1) Definitions:

(a) Senior Resident: As determined by departmental policy, but must be at least a PGY2 with supervisory responsibilities for medical students and /or physicians with less training.

(b) Attending Physician: Independently credentialed staff physician or fellow.

(c) Preceptor Physician: Senior resident or staff physician with supervisory responsibilities over a medical student.

(2) Medical students in an approved graduate medical education program will have their doctors' orders countersigned. The doctors' orders of residents and/or interns in good academic standing in an approved graduate medical education program will not be countersigned.

q. Attending Notes.

(1) An attending note will be written by the credentialed physician responsible for the patient's care and entered into the treatment record on the doctors' progress notes within 24 hours of admission.

(2) Currently, Centers for Medicare & Medicaid Services (CMS) requires an attending note on all Medicare patients. As we move toward the possibility of Medicare Subvention, our institution needs to be in compliance with CMS guidelines.

(3) Countersignature of medical students progress notes indicates the presence of medical supervision and a high level of quality patient care. It is a requirement that all medical students' progress notes be countersigned by the supervising physician (PGY-2 level or above) or by the intern.

r. Resident Supervision:

(1) Residents must function under the supervision of an attending physician. A responsible attending physician must be available to the resident in person or by telephone or other telecommunication device and be able to be present within a reasonable period of time as defined by the department/service chief. Trainees and staff must be informed and understand the department's standards for staff availability.

(2) Training programs must permit residents to assume increasing levels of responsibility, commensurate with their individual progress, level of training, experience, skills, knowledge, and judgement.

(3) The attending physician is responsible for, and must be personally involved in the care provided to individual patients in inpatient and outpatient settings. When a resident is involved in the care of a patient, the responsible attending physician must continue to maintain a personal involvement in the care of the patient. The attending physician is expected to fulfill this responsibility, at a minimum, in the following manner:

(a) Attending physicians must be knowledgeable of the graduated levels of responsibility for residents rotating on their service.

(b) Each attending physician must be available to direct the care of every patient and provide appropriate resident supervision based on the nature of the patient's condition, the likelihood of significant changes in the treatment plan, the complexity of care, and the experience and judgement of the residents being supervised. Medical, surgical or mental health services must be rendered with attending supervision of residents readily available or be personally furnished by the attending physician. Confirmation of resident supervision will be documented in progress notes entered by the attending physician or reflected within resident notes.

Each outpatient record must reflect an attending physician and indicate if the case was discussed with the attending physician or another attending physician or more senior resident. All patients seen by residents in their Post-graduate Year One (PGY-1) year must be discussed with an attending or more senior resident, with this discussion documented in the patient's record.

(c) For patients admitted to an inpatient service, the attending physician must assess the patient within 24 hours of admission and document in a progress note their concurrence with the resident's initial diagnosis and treatment plan and any modifications or additions to this plan. Attending physicians must be personally involved in the care of patients assigned to them in a manner consistent with the clinical needs of the patient and the graduated level of responsibility of the involved resident. This must be documented by a note by the attending physician or be reflected in the resident's notes. At a minimum, documentation of attending physician's involvement must be present every third day for ward patients, when there is a significant change in the patient's condition or treatment plan, and daily in intensive care settings.

(d) For outpatients, all new patients to the clinic for which the staff practitioner is responsible should be seen by, or discussed with the staff practitioner at the initial visit. This must be documented in the chart via a progress note by the staff practitioner or reflected in the resident's note to include the name of the staff practitioner and the nature of the discussion. Return patients should be seen by the staff practitioner with such frequency as to ensure that the course of treatment is effective and appropriate. This must be documented in the record via a note by the staff practitioner or reflected in the resident's note. All notes must be signed, dated, and timed.

(e) The staff practitioner, in consultation with the resident, will ensure that discharge, or transfer of the patient from an inpatient service of the medical center or clinic as appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen. This may include specifics on physical activity, medications, diet, functional status, and follow-up plans. At a minimum, evidence of this assurance will be documented by countersignature of the discharge summary or clinic discharge note.

(f) Residents must not attempt to provide clinical services or do procedures outside of the graduated level of responsibility for which they are trained. Each resident must make all efforts to communicate to the attending significant issues as they relate to patient care. Such communication should be documented in the medical record. Failure to function within graduated levels of responsibility may result in adverse action.

s. Other documentation:

(1) History and physical examinations must be completed within 24 hours of admission.

(2) Operative reports must be dictated as soon as after the procedure as possible.

(3) All medical record documentation must be completed and authenticated within 30 days of the patient's discharge.

(4) When notified of medical records needing their attention, medical staff will make every effort to correct deficiencies as expeditiously as possible.

(5) The Department Service Chiefs will enforce the medical records completion policies, recognizing that command support and influence are required.

t. Verbal and telephone orders are given to registered nurses. These types of orders are to be given only in bona fide emergencies such as codes or situations where a patient's condition is rapidly deteriorating and timely response is essential. The registered nurse will enter the order(s) in the patient's record as soon as possible. The prescribing physician will countersign the order(s) within 24 hours.

9. Planning and Budgeting. Planning and budgeting for Army medical department hospitals is governed by the Army's Planning, Programming, Budgeting and Execution System. This system provides opportunities for participation by all organizational elements of the Army.

a. Strategic Planning: The hospital's planning process reflects the Governing Body's emphasis on collaborative efforts to develop the framework for planning, directing, coordinating, providing, and improving health care services. The Governing Body directs and approves the strategic plan in accordance with the mission, vision, and values of the medical center. The Governing Body uses the strategic plan to emphasize specific operational goals and objectives for accomplishment in accordance with the hospital's mission.

b. Budgeting: The budget is received from MEDCOM and is provided to the North Atlantic Regional Medical Command who then gives the amount to the military treatment facilities that fall under that command. Within the hospital, funds are distributed based on projected workload and assigned missions.

10. Selection and Appointment of the Medical Staff.

a. The hospital Commander has only limited input in selecting the active Army officers assigned to the hospital. The selection and assignment process is governed by AR 601-132, AR 635-100 and AR 40-202 and the officer assignment policies of the Office of the Surgeon General/MEDCOM. However, the Commander is typically consulted prior to the assignment of key staff members and has some latitude in the utilization of the officers who are assigned to the hospital.

b. The hospital Commander has more latitude in the establishment and filling of civilian positions on the medical staff. Based on the needs of the hospital and budgetary constraints, the Commander may establish civil service positions, establishment of contractural relationships with practitioners, or appoint individuals as consultants. The appointment of individuals to these positions is based on individual qualifications.

c. There is a Plan for the Provision of Patient Care that guides the mission of each department/service or ancillary clinical department. Each department/service plan provides information on scope of service, patients served, complexity of patient care needs, meeting patient's needs, appropriateness of support services performed, availability of staff, recognized standards and guidelines for practice and methods to assess and meet patient care needs.

d. The United States Army Medical Command provides policy and guidelines for the organization and functions of the Army Medical Department hospitals in the United States. Formal lines of authority and communications are clearly defined, as well as the various functions that are expected to be fulfilled by the members of the hospital staff.

e. Performance assessment and improvement activities play an important part in the medical staffs areas of responsibilities. Specific duties, responsibilities and procedures for accomplishing these functions are defined and outlined in WRAMC Reg 40-68.

f. Departmental sponsored continuing education is offered on a regular basis. Attendance is recorded and retained in the department /service.

The approving agency is the Office of the Surgeon General for continuing medical education for physicians.

11. Other Medical Staff Issues.

a. Conflict of Interest: Requirements concerning conflict of interest and other standards of conduct applying to active duty Army members and other government employees or contracted health care providers are specified in AR 600-50. In general, the regulation provides that members of the Army medical department, civilian employees and contract physicians may not suggest to anyone authorized to receive health care services from the member when he is not on duty or from a civilian associated in practice with the member. In addition, active duty members of the Army and full-time civilian employees may not be reimbursed for health care provided to anyone authorized health care from any federal program even while they are moonlighting. There are several other conflict of interest and ethical issues that are in AR 600-50 to include the following:

(1) Public service is a public trust requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.

(2) Employees shall not hold financial interests that conflict with the conscientious performance of duty.

(3) Employees shall not engage in financial transactions using nonpublic government information or allow improper use of such information to further any private interest.

(4) Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the government.

(5) Employees shall not use public office for private gain.

(6) Employees shall act impartially and not give preferential treatment to any private organization or individual.

(7) Employees shall protect and conserve Federal Property and shall not use it for other than authorized activities.

(8) Employees shall not engage in outside employment activities, including seeking or negotiating for employment, that conflict with official government duties and responsibilities.

(9) Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

(10) Employees shall satisfy in good faith their obligation as citizens, including all just financial obligations, especially those such as Federal, State, or Local taxes that are imposed by law.

(11) Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

(12) Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or ethical standards. Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of relevant facts.

b. Confidentiality of Medical Information: The policy of the Department of the Army and the Walter Reed Army Medical Center is that confidentiality of medical information will be maintained for all patients to the maximum extent possible. Medical information will not be divulged except as required for the delivery of health care, performance of other official duties, such as determining the quality of health care in the command or conducting medical research. The authority for access to medical information and specific procedures for releasing medical information are specified in AR 40-66 and AR 40-68.

c. Conflict Resolution: The resolution of conflict among leaders and individuals in the hospital is resolved in accordance with AR 600-20 Army Command Policy and Procedures. Simply stated, military organizations have a Chain of Command which has inherent decision authority. The committee structure of the hospital and the rules and regulations governing civilian and military personnel also provide avenues of conflict resolution.

d. The Uniform Code of Military Justice and the credentialing and privileging process are the ways used to have personnel removed from their position if it is necessary to do so.

APPENDIX A

DOCUMENTATION REQUIREMENTS FOR PRIVILEGING

WALTER REED ARMY MEDICAL CENTER

The following documentation must be submitted for review by the Credentials Committee prior to recommendation to the Commander for granting of clinical privileges:

Copy of Medical School Diploma.

Copy of Educational Commission of Foreign Medical Graduates Certificate (if appropriate).

Copy of Internship, Residency and Fellowship Certificates.

Copy of Board and Sub-specialty Certification

Copies of all current and past state licenses.

Copy of current BLS, ACLS, ATLS, PALS certificates (BLS is a minimum requirement).

Copy of Drug Enforcement Administration registration/issuing state.

Copy of Continuing Education (by category) for the past three years.

Letter of Recommendation/Reference from:

- Medical Staff Office/Department Chief of all facilities where current privileges are held (include copy of privileges).
- Health Care Practitioner in the same specialty.
- County Medical Society (as applicable).
- Chief of Staff/Training Program Director (if training was completed less than seven years ago.

For civilian (non-DoD employee practitioners proof of current Malpractice Insurance).

Regulatory requirements preclude processing of any practitioner for privileging without the above items. Should you have any questions, please contact the Credentials Office at (202) 782-3366/3321.

APPENDIX B

GUIDELINES FOR REQUESTING PRIVILEGES

FOR NEW TECHNOLOGY/PROCEDURES

NAME OF
TECHNOLOGY/PROCEDURE:_____

_____

DEPARTMENT:_____

SERVICE:_____

ATTACHED DOCUMENTATION THAT ANSWERS THE FOLLOWING: (With current literature)

What type of special education/training is required? (hands-on, didactic course, special certification, board certification, demonstration of previous performance, etc.)

_____

_____

Who will be performing this procedure?_____

How will proctoring be accomplished? (Include the minimum number of hours/procedures and name of supervising physician)

_____

What are the indications for use, anticipated results, expected complication rates and other pertinent information reported in the literature?

Will more than one specialty be involved in this procedure? If yes specify which specialties.

Have safety protocols been established?

Through which departments was the proposal for implementing this new technology staffed?

Is the new technology considered an invasive procedure? If yes, have criteria for surgical case review been developed.

WHEN THE ABOVE REQUESTED INFORMATION IS COMPLETED, PLEASE FORWARD THROUGH THE DEPARTMENT CHIEF TO THE CREDENTIALS OFFICE TO BE PLACED AS AN AGENDA ITEM FOR THE CREDENTIALS COMMITTEE.

APPENDIX C

INSTRUCTIONS FOR PREPARING THE
INTER-FACILITY CREDENTIALS TRANSFER BRIEF (ICTB)

Paragraph 1. Self explanatory.

Paragraph 2. Self explanatory.

Paragraph 3. List all currently held state licenses and certifications, expiration date of each, and verification status.

Paragraph 4. List all applicable specialty board, specialty nurse, or other certifications and re-certifications, expiration date of each, and verification status.

Paragraph 5. Self explanatory.

Paragraph 6. State the type of appointment (active, affiliate, etc.) currently held by the health care provider, and the expiration date.

Paragraph 7. List date of most recent NPDB inquiry and indicate absence/presence of information in the report. If no query has been made, so state.

Paragraph 8. Provide a statement of the nature or purpose of the temporary assignment and request performance appraisals, as appropriate. (Any of the Services' appraisal/evaluation forms will be acceptable by the sending facility).

Paragraph 9. Provide a brief statement from an individual personally acquainted with the applicant's professional and clinical performance, through observation or review to include quality assessment activities, describing (a) the applicant's actual clinical performance with respect to the privileges granted at the sending facility, (b) the discharge of his or her professional obligations as a medical staff member, and (c) his or her ethical performance. This person may be a training program director for new practitioners, or a peer from prior or current commands. The statement may be taken from a current performance evaluation in the PCF, however, the person making the statement must be asked whether or not additional information exists pertaining to the elements above. (Relevant information is defined as information that reflects on the current clinical competence of the provider). The paragraph must contain a statement indicating the presence/absence of other relevant information in the recommendation relating to the provider's competence for privileges as granted. Also include a means of direct contact with the person making the recommendation (name, title, or position held, telephone and fax numbers, etc.).

Paragraph 10. Provide certification that the PCF was reviewed and is accurately reflected in the brief as of (annotate the date). This paragraph must contain a statement indicating the presence/absence of other relevant information in the PCF. Of particular importance, is supplemental information accompanying the primary source of verification of training and licensure. Examples of other relevant information include, but are not limited to, delays in or extensions in training due to marginal performance, unprofessional conduct during training or in previous practice settings, investigations conducted or limitations imposed by state licensing boards, adverse privileging actions, malpractice cases, etc…

Paragraph 11. Provide the name, title, telephone and fax numbers of the designated point of contact at the sending facility.

APPENDIX C (continued)

Paragraph 12. This information is applicable to healthcare providers from the USAR or ARNG. Indicate the current civilian position, place of employment or facility where privileges are held and the clinical privileges held by the healthcare provider. If the provider is self-employed, specify his/her office location (address). If privileges are held at several facilities, provide the name and location of the place or places where the majority of the practitioner's practice is conducted and a list of the clinical privileges held which are applicable to the assignment prompting the use of the ICTB. Additionally, include the address, business and home telephone numbers where the practitioner may be reached prior to reporting for the assignment. Also include the name of the medical treatment facility (MTF) or dental treatment facility (DTF) and dates of the last tour of clinical duty.

Other.

a. The ICTB will be valid until expiration of the privileges upon which it is based. if the practitioner is assigned temporarily for several brief periods to the same location, the ICTB remains valid over the duration of the combined periods, or until the privileges at the sending MTF/DTF expire. If other credentials have expired in the interim, telephonic or message confirmation of the renewal of the credential with the facility holding the PCF will suffice; i.e., a new ICTB s not required. The sending facility will provide a new ICTB when the status of the provider's privileges changes (e.g., change from supervised to regular privileges, renewal of privileges, adverse clinical privileging actions, etc…).

b. The ICTB is joined with the formal application for privileges and replaces sections of applicable Military Service forms containing essentially like information. The ICTB serves as the PCF and is used in making decisions about whether the individual will be authorized to practice within the facility and the individual's scope of practice (clinical privileges).

c. Credentials committees/functions in DoD MTF/DTFs will accept healthcare provider performance appraisals on other Service's forms as their own.

d. MTF/DTF commanders may grant privileges based on the approved privilege list from the sending MTF/DTF by approving it with or without facility specific modification. The gaining facility may use its own customary forms or formats for notifying practitioners of their clinical privileges and medical staff appointments and for documenting the same. Privileges applied for but not granted due to facility based limitations are not adverse privileging actions.

APPENDIX C (continued)

CREDENTIALS TRANSFER BRIEF (SAMPLE)

FROM: Walter Reed Army Medical Center, Washington, D.C.

TO: USA MEDDAC, Fort Meade, MD

SUBJECT: Credentials and Privileging Transfer Brief

1. Cook E. Monster, LTC, MC 000-00-000 Ophthalmology DOB: 01/16/1956

2. EDUCATION AND TRAINING	**COMPLETION DATE**	***PSV**
A. DEGREE Doctor of Medicine Uniformed Services University of Health Sciences Bethesda, MD	May 1985	Y/N
B. INTERNSHIP Transitional Walter Reed Army Medical Center Washington, D.C.	1 Jul 85 – 30 Jun 86	Y/N
C. RESIDENCY Ophthalmology Letterman Army Medical center San Francisco, CA	1 Jul 89 – 30 Jun 92	Y/N
D. FELLOWSHIP Vitreoretinal The Wilmer Ophthalmological Institute Baltimore, MD	1 Jul 97 – 30 Jun 99	Y/N
E. OTHER QUALIFYING TRAINING		

3. LICENSURE/CERTIFICATION/REGISTRATION	**CURRENT EXP**	***PSV**
A. Hawaii # MD 000	31 Jan 2002	Y/N
B.		Y/N
C.		Y/N

4. SPECIALTY BOARD CERT/RECERT	**EXPIRATION DATE**	***PSV**
A. AM. Bd. Of Ophthalmology, 1994	2004	Y/N
B.		

5. LIFE SUPPORT READINESS TRAINING	**EXPIRATION DATE**
A. BLS	6 Jun 02
B. ACLS	
C. ATLS	
D. PALS	
E. NALS	

6. CURRENT STAFF APPOINTMENT WITH CLINICAL PRIVILEGES AT WALTER REED ARMY MEDICAL CENTER

A. TYPE OF PRIVILEGES: Active/Regular **EXPIRATION DATE:** 9 Aug 2001

B. PRIVILEGES GRANTED (PRIVILEGES ATTACHED)

***PRIMARY SOURCE VERIFICATION**

APPENDIX C (continued)

7. DATE OF PRACTITIONER DATA BANK QUERY: 26 January 2001
INFORMATION PRESENT/ABSENT IN DATA BANK: There is no information present in the Data Bank.

8. Dr. Cook E. Monster will be practicing at your facility on an ongoing basis. Please forward a performance evaluation upon completion of this assignment or by 9 August 2001, whichever comes first.

9. Dr. Cook E. Monster is known to be clinically competent to practice the full scope of privileges granted at Walter Reed Army Medical Center, and to satisfactorily discharge his/her professional obligation, and to conduct himself/herself ethically, as attested to by Dr. Kermit T. Frog, Ch, Ophthalmology Service (202) 782-0000. For additional information (if needed or required) relating to Dr. Monster's competence to perform granted privileges, you may contact Dr. Frog.

10. Provider's Credentials File and the documents contained therein have been reviewed and verified as indicated above. The information conveyed in this letter reflects Credentials Status as of 26 March 2001. The Credentials File contains no additional information relevant to the privileging of the provider in your MTF.

11. Point of Contact: Susan Reed, Administer, Medical Staff Services (202) 782-3321, FAX (202) 782-5007.

12. CERTIFIED BY:
FOR THE COMMANDER:

_____ _____

SUSAN L. REED DATE
Ch, Medical Staff Services

The proponent agency of this publication is the Credentials Office. Users are invited to send suggestions and comments on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, Walter Reed Army Medical Center, ATTN: MCHL-MAA-MS, Washington, DC 20307-5001.

FOR THE COMMANDER:

OFFICIAL:

CARLOS M. ARROYO
Colonel, MS
Deputy Commander for Administration

ERIK J. GLOVER
Major, MS
Executive Officer

DISTRIBUTION:
A